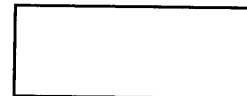


Form PC

Do not staple or bind - clip only



Massachusetts Office of the Attorney General Division of Public Charities Form PC

To be filed annually by all non-profit charitable organizations conducting business in the Commonwealth

Please TYPE or CLEARLY PRINT all entries in black ink

ORGANIZATION DATA		MAILING ADDRESS (if different)	
Name:		Name:	
Name (cont.):		Name (cont.):	
Address:		Address:	
Addr (cont.):		Addr (cont.):	
City:	State:	City:	State:
Zip Code:		Zip Code:	
Phone: ()		Phone: ()	
Fax: ()		Fax: ()	
E-Mail:		E-mail:	
Web Site (URL):			

Attorney General's account number:	Please enter dates below (example: 12/23/1982)		
Federal ID number:	Date of organization:	/	/
IRS exemption under 501(c) ()	Date of incorporation:	/	/
Check box if no IRS exemption ----->	Fiscal year-end date:	/	/

In the section below, please enter the appropriate codes from the corresponding tables found on the instruction sheets:

CATEGORY	CODE	Enter <u>up to 4</u> codes from Table 3 for your organization's main purpose(s)	CODE
County (Table 1) ----->		Organization purpose code 1 ----->	
Type of organization (Table 2) ----->		Organization purpose code 2 ----->	
		Organization purpose code 3 ----->	
		Organization purpose code 4 ----->	

Please place an "X" in the box to the right if this is a final report:

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DO NOT WRITE IN THIS BLOCK

Payment received:

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All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

1. Summary of Financial Data		
A.	Contributions, gifts, grants, and similar amounts received	\$
B.	Gross support & revenue	\$
C.	Program services & grants or similar amounts paid out	\$
D.	Fundraising expense	\$
E.	Management and general expenses (*990 filers only)	\$
F.	Payments to affiliates (*990 filers only)	\$
G.	Total expenses	\$
H.	Net assets or fund balances at end of year	\$

2. On what date was the organization created?	Where was the organization created?
(ex: 11/17/1981)	

3. In the box to the right, please enter the code corresponding to the form of your organization			
1	Corporation	4	Testamentary Trust
2	Unincorporated Association	5	Inter Vivos Trust
3	Other (please describe):		

4. If the organization has ever been judicially or administratively enjoined or prohibited from operating or from soliciting contributions, please place an "X" in the box to the right:

If you marked the box to the right of Question 4 above, please attach a detailed explanation.

5. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's FIVE highest paid consultants providing professional services (e.g., attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel.)			
	NAME	AMOUNT OF COMPENSATION	TYPE OF SERVICE(S)
1			
2			
3			
4			
5			

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6. List the total compensation you provided to your chief executive (e.g., executive director) plus the four other current or former directors, trustees, officers, or employees to whom you provided the highest total compensation.

	NAME	TITLE	HOURS PER WEEK	SALARY & OTHER INCOME	BENEFIT PLANS	OTHER COMPEN- SATION
1						
2						
3						
4						
5						

7. If any compensation was provided to any of the listed individuals which was not quantified above, please place an "X" in the box to the right:

☐

If you marked the box to the right of Question 7 above, please attach an explanation.

Note: EXECUTIVE COMPENSATION PAID WITHIN A SYSTEM OF RELATED ORGANIZATION WILL BE REPORTED AT QUESTION 10 AND IN SCHEDULE RO.

8. This question involves "Termination of Employment or Change of Control Compensatory Arrangements" with certain "Related Parties" (see instructions and definition sections). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.

- | | | |
|-----|--|--|
| (a) | If you made actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above, please place an "X" in the box to the right: | |
| (b) | If you have an agreement with any individual described in Related Party definition, section (a) or (b), containing such an arrangement, please place an "X" in the box to the right: | |

If you marked the box to the right of Question 8(a) or 8(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of any agreement.

9. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relatives, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g., in-kind gifts, waiver of interest not otherwise reported).

If the answer to any part of Question 9 is "YES," attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

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<i>(question 9, cont'd) During the year, has your organization:</i>	YES	NO
(A) Sold or transferred assets to or purchased assets from or exchanged assets with a related party?		
(B) Leased assets to or leased assets from a related party?		
(C) Been indebted to a related party?		
(D) Allowed a related party to be indebted to it?		
(E) Made or held an investment in a related party?		
(F) Furnished goods, services, or facilities to a related party?		
(G) Acquired goods, services, or facilities from a related party who received compensation or other value in return?		
(H) Paid or became obligated to pay wages, salary or other compensation to a related party?		
(I) Transferred income or assets to or for use by a related party?		

10. If your organization was related to any other organization(s) during the reporting year (see definition of "Related Organization"), please place an "X" in the box to the right:

☐

If you marked the box to the right of Question 10 above, please complete Attorney General Schedule RO on pages 10 and 11 of this form.

11. If any restrictions have been removed during the year from donor-restricted funds, please place an "X" in the box to the right:

☐

If you marked the box to the right of Question 11 above, please attach an explanation of the procedures followed.

12. If donor-restricted funds have been loaned to unrestricted funds, please place an "X" in the box to the right:

☐

If you marked the box to the right of Question 12 above, please attach an explanation.

13. During the fiscal year reported here, if your organization solicited contributions or had funds solicited on its behalf, please place an "X" in the box to the right:

☐

14. At any time during the fiscal year following the year reported here, if your organization, or others acting on its behalf, will have solicited contributions, please place an "X" in the box to the right:

☐

If You Marked The Boxes in Response to Question 13 or Question 14, You Must Complete Schedules A-1 And/or A-2 Unless You Are Exempt from the Solicitation Certificate Requirement.

Form PC

(question 14, cont'd) If you are claiming an exemption from the solicitation certificate requirement, please indicate by placing the corresponding code in the box to the right to identify which exemption applies to your organization:

1	a religious organization
2	an organization which (A) does not raise more than \$5,000 during a calendar year OR does not receive contributions from more than ten persons during a calendar year; AND (B) carries out all of its activities, including fundraising, through unpaid volunteers. The conditions at both (A) and (B) must be met for your organization to qualify for this exemption.

15. Please indicate which form (whether or not filed with the IRS) is attached by placing an "X" in the appropriate box.

IRS Form 990	
IRS Form 990 EZ	
IRS Form 990 PF	

IRS Form 1120	
IRS Form 1041	
A.G. Schedule B	
Probate Account	

Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.

Signature of president or other authorized officer or trustee

Title

Date

Name of preparer

Address

Phone number



SOLICITATION ACTIVITIES

Schedule A-1

Solicitation activities during fiscal year covered by this report

Name of Organization as it appears on Page 1 of your Form PC

Fiscal Year Covered by this Report:

1. List any names which were used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1:

A.

B.

C.

2. Types of solicitation activities in which you engaged (please place an "X" next to all that apply):

Mass mailings		Raffle, beano, bingo or gaming event	
Door-to-door		Sale of goods other than by telephone	
Entertainment event		Individual mailings	
Telemarketing without sale of goods or ads		Corporate solicitations	
Telemarketing with sale of goods		Grant proposals	
Telemarketing with sale of ads		Other: (explain)	
Via the Internet			

3. Identify the method or methods you used for fundraising (please place an "X" next to all that apply):

A. Professional solicitor		D. Own employees	
B. Professional fundraising counsel		E. Volunteers	
C. Commercial co-venturer			

Form PC

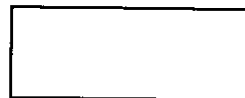
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(question 3, cont'd) With respect to categories A, B, and C of question 3 above, furnish names and addresses:

NAME	ADDRESS

4. Identify by name and title the individuals who had final responsibility for the charity's custody of contributions:	
NAME	TITLE

5. Identify by name and title the individuals who had final responsibility for the charity's distribution of contributions:	
NAME	TITLE



PLANNED SOLICITATION ACTIVITIES

Schedule A-2

Solicitation activities planned for fiscal year which follows the reporting year.

1.	List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1:
A.	
B.	
C.	

2.	Types of solicitation activities in which you expect to engage (please place an "X" next to all that apply):		
Mass mailings		Raffle, beano, bingo or gaming event	
Door-to-door		Sale of goods other than by telephone	
Entertainment event		Individual mailings	
Telemarketing without sale of goods or ads		Corporate solicitations	
Telemarketing with sale of goods		Grant proposals	
Telemarketing with sale of ads		Other: (explain)	
Via the Internet			

3.	Identify the method or methods you expect to use for fundraising (please place an "X" next to all that apply):		
A. Professional solicitor		D. Own employees	
B. Professional fundraising counsel		E. Volunteers	
C. Commercial co-venturer			

With respect to categories A, B, and C of question 3 above, furnish names and addresses:

NAME	ADDRESS

Form PC

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(Schedule A-2, cont'd)

4. Identify by name and title the individuals who will have final responsibility for the charity's custody of contributions:	
NAME	TITLE

5. Identify by name and title the individuals who will have final responsibility for the charity's distribution of contributions:	
NAME	TITLE

CERTIFICATION BY ORGANIZATION

TWO SIGNATURES ARE REQUIRED

Under penalty of perjury, we declare that the information furnished in these schedules, including any attachments, is true and correct to the best of our knowledge.

Signature of President or other authorized officer or trustee	Title	Date

Signature of Treasurer or Chief Fiscal Officer	Title	Date

SCHEDULE RO

**I. Please read the instructions and definition of "Related Organization" carefully before completing this section.
(If you have more than 5 "Related Organizations", see instructions for additional page 10)**

Name		Primary purpose or activity		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name		Primary purpose or activity		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name		Primary purpose or activity		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name		Primary purpose or activity		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name		Primary purpose or activity		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Form PC

II. List the total compensation paid by your organization and/or any other related organization to your chief executive (e.g. executive director) and to the four other current or former directors, trustees, officers, or employees within the system of related organizations identified at I, above, receiving the highest aggregate compensation (see Instructions). Use additional lines below to itemize by compensation source.

Name		Title	
Income Source	Salary & other income	Benefits plan	Other compensation

Name		Title	
Income Source	Salary & other income	Benefits plan	Other compensation

Name		Title	
Income Source	Salary & other income	Benefits plan	Other compensation

Name		Title	
Income Source	Salary & other income	Benefits plan	Other compensation

Name		Title	
Income Source	Salary & other income	Benefits plan	Other compensation

III. Is asset and/or compensation information for religious organizations and/or certain non-charitable entities related to foundations excluded pursuant to instructions? If yes, place an "X" in the box to the right.

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